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Original Communications.

CHRONIC INVERSION OF THE UTERUS.

Read before the Boston Obstetrical Society, Nov. 2, 1867.
By C. G. PUTNAM, M.D., Boston.

In 1856, I reported three cases of chronic inversion of the uterus, under the care of Dr. Channing and myself, in which, after ineffectual attempts at reposition, the uterus was removed by ligature. Two of the patients recovered and are now living and well, and the third would probably have done equally well, but for an exhaustion induced by a premature exposure. No one who has not experienced them, can appreciate the difficulties of replacing the uterus in cases of chronic inversion, and we cannot but feel tempted to say with Dr. Meigs: "You have no art or skill nor any power equal to the performance of such a miracle of surgery." It was, very naturally, seldom undertaken with the confidence which is likely to insure success, and the few favorable cases were presumed to be rather the result of happy accident, than of special skill. In the mean time the cases of Tyler Smith in England, and of Dr. White in this country, proved its possibility, and I determined, if another case occurred, it should not fail for want of sufficient effort.

On Wednesday, Oct. 23, 1867, I saw, in consultation with Dr. J. Flint, a young woman 25 years of age. She had been confined with her first child seven months previously. The labor was reported tedious—the placenta removed without difficulty—but severe flooding immediately ensued, and she became very faint and pulseless. In four weeks, while yet too feeble to leave her bed, a second drenching hæmorrhage occurred, and four weeks later still a third.

From that time to the present, a space of five months, she has never been free from hæmorrhage, always making eight or ten changes daily, unless for a short time leucorrhœa occurred. She was pale, suffered from palpitation and breathlessness on the

Vol. VIII.—No. 24

least exertion, slept uneasily, had no appetite. She had taken chiefly beef-tea and brandy, but was not reduced in flesh and strength to the extent one would have expected.

On examination, the diagnosis was easily made. In the vagina was a solid tumor, about the size of a duck's egg, sensitive to touch. The upper portion or neck encircled by a groove, around which the sound passed to the depth of a quarter of an inch. The point of the sound in the bladder was distinctly felt from the rectum. And, lastly, the uterus was not to be found in its natural position above the pubes. Upon the fundus of the inverted uterus was a fissure half an inch long, extending apparently through the mucous membrane and nearly to the peritoneum. At the request of Dr. Flint, I took charge of the case, and operated with the assistance of Dr. Read and my son.

The patient was placed on her back, and thoroughly etherized. I then introduced my whole hand into the vagina, in order to get complete control of the inverted uterus, and kneaded it in various directions, until the texture, which at first was hard and dense, began to soften. With occasional pressure upward, this kneading was continued unceasingly, especially at the neck, which was less inclined to yield. I also tried to push up the fundus with my thumb while holding the uterus in the fingers, but did not use much force, because the parietes at the fundus seemed thin, and there was no disposition on the part of the uterus to return in that way. Before long, with the relaxation of the abdominal wall and stretching of the vagina, a depression corresponding to the inverted uterus could be felt distinctly above the pubes, and by applying the hands in a ring around it, a counter-pressure was obtained to that in the vagina, which tended very decidedly to assist the unfolding of the uterus. By these manipulations, the length of the uterus had been diminished by an inch and a half at the end of two hours. I was relieved from time to time by the other gentlemen, who

[Whole No. 2289]

continued the same manœuvres, until the main body of the uterus had been carried up within the already replaced neck. So close was the constriction at this point, even when the fundus was fairly on a level with the neck, that a full hour and a half elapsed before the fundus could be passed through it. As this had been going on, the hollow felt above the pubes had gradually disappeared.

The restoration was now complete. Placing the finger in the cavity of the uterus and moving it from side to side, the organ was felt through the parietes over the pubes to have regained its natural form without dimple or depression.

During these seven consecutive hours the patient was kept thoroughly etherized. The pulse at the beginning was 120. It occasionally rose to 130, but never became more feeble and never faltered for a moment.

She continued under the effects of ether for an hour after the operation, vomiting occasionally. At 7, P.M., great pain in pelvic region. Had hypodermic injection of two-thirds of a grain of morphia and in a few minutes was easy. At 10, P.M., the pain having returned, had one-half of a grain of morphia with one-eightieth of a grain of atropia.

Sunday, Oct. 27.—Pulse 94. Constant pelvic pain and nausea. Hypodermic, three-fourths of a grain of morphia. Abdomen tender on pressure, not tense. Constant thirst. Pulse 94. Tongue and mouth dry. At night, two-thirds of a grain of morphia.

Monday, Oct. 28.—Slept well in the night. No vomiting after 10, P.M. Less thirst. Dysuria. Pulse 96. Skin cool. To take champagne and brandy at intervals.

9, P.M.—Pulse 96. Tongue clean, not dry. Frequent spasmodic pain in back and hips. Less nausea and dysuria. Took nut-broth. Hypodermic, one-half grain of morphia.

Tuesday, 29.—Slept tolerably well. Pulse 98, less feeble. Skin cool. Whole aspect better. Pain in pelvis whenever she moves. Continue broth, brandy and champagne.

Nov. 2.—This A.M., seven days after the operation, is still in bed, very comfortable. Pulse 96. Some appetite. Wants to sit up. Perfectly recovered.

A few cases of spontaneous restoration in chronic inversion have undoubtedly occurred, and there are cases in which restoration has been effected in a few hours, or even in a few minutes, as if the innate resiliency of the uterus were only waiting to be set in motion, but such success is not to be often anticipated, and it is wiser in

undertaking the operation to prepare for a long siege.

Complete, often stertorous, etherization is indispensable.

It is important to have two or more able assistants, that the uterus, once attacked, may have no interval of rest; for I noticed, in this operation, that if my efforts were suspended for a minute or two, the uterus would regain its size and density, and not only the body, but also the neck, through which the inverted parts are to pass, should be kneaded and thereby made soft and flexible.

A fulcrum to work against may be found, first, by holding firmly through the abdominal walls the folded cervix, while pressing the uterus upward; second, by holding the uterus in the vagina and pressing through the abdominal parietes with the hands in a ring round the infundibulum. (In this case, unfolding was distinctly promoted by stretching the abdominal parietes in opposite directions from the centre outwards.) And lastly, by bringing the strain on the vagina alone. All three methods were used in this case, though the latter is dangerous, and should not be used when it can be avoided.

The reduction seems to have been accomplished in some instances, as in the case of Mr. Barrier, by indenting the fundus with the thumb, while holding the body with the fingers, but in this case there was certainly no tendency of the uterus to return in this way, but, as in other cases, the restoration was accomplished by upward pressure of the whole body and a gradual unfolding process beginning at the neck.

In recent cases, while the neck is yet flaccid and uncontracted, the fundus may be readily carried through it, for, although it is disposed to contract with the manipulation, contrary to what happens in chronic cases, the operation lasts so short a time, as to make this contraction unobjectionable.* In chronic cases, the part which was the last to double up would be most likely the first to unroll again.

An accident which has proved fatal, viz., perforation of the uterus by the fingers, might probably be avoided by pressing, not with the tips, but with the pulp of the fingers.

I proposed to use various plugs on curved and straight rods, probangs, &c., but they

* Such at least has been my experience in two cases, one of which I saw in a neighboring city within an hour from its occurrence. This latter was under the care of a very judicious practitioner and no undue effort had been made in extraction of the placenta.

are apt to slip off, and I found it easier to regulate the force and to ascertain its effect when applied with the hand, than with any instrument.

In this case, a sulcus which extended through the wall of the uterus nearly to the peritoneum would very likely have permitted a perforation into the peritoneal cavity.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
F. B. GREENOUGH, SECRETARY.

Nov. 13th.—*Encephaloid Tumor in the Abdominal Cavity.*—Dr. BORLAND reported the case.

The patient, a woman aged about 54, was seen for the first time a year ago last July, when she was suffering intense pain in her right side just below the ribs. She was relieved by subcutaneous injection of morphine, and in a day or two was apparently as well as ever. Last August Dr. Borland was again called to her, and found her unconscious. The history of her condition during the interval, as obtained from her friends, was that she had never been free from pain for any length of time, and that once in about ten days she would have an attack of quite severe pain, but never as intense as the first one had been. On the night preceding the morning on which Dr. Borland was called to her, she had gone to bed apparently as well as usual, and in the morning was found insensible. She had convulsions at intervals for about thirty hours, when she died. A *post-mortem* examination showed an encephaloid tumor, as large as an infant's head at term, on the left side over the kidney. Permission to open the head could not be obtained.

Dr. Borland said that until the autopsy the case had been a most obscure one, and one in which it seemed to him impossible that a true diagnosis could have been made.

Nov. 13th.—*Amount of Phosphorus found in the Substance of the Human Stomach.*—Dr. C. T. JACKSON read the following paper on this subject:—

It sometimes happens that we are obliged to estimate the amount of phosphorus in cases of poisoning with that substance, by determining the proportion of phosphoric acid in the state of phosphate of some base. This is always required in those cases where

oxidation of the phosphorus has taken place and the organs are in a putrid state.

I find, by the books on Toxicology, that no record exists of any analysis of the normal human stomach showing the real amount of phosphates contained in it, and that the proportion in the brain is assumed as the largest in any portion of the human body, and the proportion of phosphorus in that organ is deducted from the amount of phosphorus obtained on analysis of a stomach for phosphorus, and the difference is charged as the poison administered. This, it seems to me, is rather a loose method, and one that might raise important doubts in the minds of jurymen, who would be likely to inquire how much phosphorus actually exists in the stomach itself in its natural state, a question the chemical witness could not answer.

Last month I made a chemical analysis of a stomach taken from a young woman who died of tuberculous consumption, for the purpose of ascertaining the amount of phosphorus contained in the organ, no such analysis being found in our books on Toxicology.

The stomach in its natural state of moisture weighed 2000 grains, and when dried, 380 grains; 200 grains of the dry stomach, burned in a platinum capsule, gave 4.5 ashes, which on analysis yielded—

Phosphate of lime 0.90 grs. — PO_2 0.503 — P = 0.233
Phosphate of soda 3.01 grs. — PO^3 1.399 — P = 0.702

Chloride of sod.	}	0.50	0.985
and other salts			
Insol. siliceous	}	0.08	
matter			

4.49

Then 380 grains of dried stomach contain 1.3015 grains of phosphorus, and, of course, the 2000 grains of moist stomach the same amount.

Nov. 13th.—*Compound Fracture of the Thigh caused by the jamming of the limb between a Car and Locomotive. Complete Recovery.* Dr. JOHN HOMANS reported the case and exhibited the patient.

J. S., a laborer, 45 years old, employed by the Old Colony R. R. Company, in attempting to put the coupling pin of a locomotive in place, was caught between the front of the locomotive and the bunter of a platform car loaded with lumber. His right thigh was crushed and the femur fractured. This accident happened about 6 o'clock, June 13th, 1871. He was taken to the City Hospital, and from thence, about 10, P.M., to his home on Ontario St. I saw

him about midnight, etherized him, and found a very oblique compound fracture of the right thigh, about one and a half inch above the condyles, and extending obliquely upwards and outwards about five inches; one piece, about two inches long and half an inch wide, seemed to be split off from the posterior surface of the bone. The orifice where the bone had protruded was about an inch long; this I enlarged, to ascertain the facts mentioned above. The muscles in the neighborhood of the wound were torn and bruised, and of a dark mulberry color. I tucked in the muscle, sewed up the wound, fastened two flatirons to extension straps of adhesive plaster and hung them over the end of the bed, covered the wound with carbolic oil (one part to five), applied four strait splints and tied them around the thigh. The wound healed by the first intention, except that a little cuticle came off.

On the 19th, the thigh being considerably swollen, I made an incision, about an inch long, on the outer aspect of the middle of the thigh.

On the 20th, much inodorous, cranberry-colored, rather thick fluid was discharged.

On the 24th, the discharge was creamy-looking, and inodorous.

July 1st.—Discharge almost clear serum.

27th.—Union quite firm. Shortening $1\frac{1}{2}$ inch.

Aug. 2d.—Splints removed and dextrine bandages applied.

Aug. 4th.—Sitting up.

13th.—Opening entirely closed.

31st.—The wound made by me reopened, and discharged quite freely.

Sept. 15th.—Opening healed. Can flex leg considerably.

Nov. 13th.—The patient has been at work for several days; he has been walking with a cane for some time, and is strong and well. From the date of his injury to the present time he has needed no opiate, nor any medicine but an occasional cathartic or a few drops of peppermint. I attribute his recovery principally to his good constitution, calm courage and patience. The fact that he was hoisted up every second day, washed over with rum and had his bed made up, contributed very much to his getting well quickly.

Nov. 13th.—*Cutaneous Cyst of Neck.*—Dr. WARREN showed the specimen and reported the case.

The patient, aged 18, reports that he has noticed a swelling in the neck on the left side for seven years. It has increased, within a few months, rapidly. At the time

of removal, it was about the size of an orange. It was freely movable under the skin, and was fluctuating. The operation was performed by Dr. Hodges. The cyst, when opened after removal, was found to contain a soft, cheesy, inodorous mass; which, under the microscope, was found to consist of broken-down epidermis cells, fat granules and cholesterin crystals. The internal wall of the cyst was covered, for one half of its extent, with a warty-like growth. Sections of this part of the wall showed it to consist of a young embryonic tissue resting on a fibrous basis and covered with a layer of epithelium cells. There were no papillæ, like those of the skin, nor hair-follicles, and no sebaceous nor sudoriparous glands. The warty growth was caused by little elevations of the membrane.

This form of cyst has been classed among the cutaneous cysts, although there is no other resemblance to the cutis than those above mentioned. Still there are certain points of resemblance between it and the other forms of cutaneous cyst, which justify such a classification. It is frequently congenital, or appears shortly after birth. In our present case, although the patient had noticed it but seven years, it was probably of longer duration. The skin-like lining appears in patches, as is always the case with those lined with true skin. The wavy and warty appendages here seen are never found in sebaceous cysts. Moreover, there is no connection between the cyst and the skin above it, and never any external orifice.

This form of cutaneous cyst, although not seen before at the Massachusetts General Hospital, is the only form that has been observed by Billroth. It is also described by Cornil and Ranvier.

The cutaneous cyst, or "congenital wen," as it is usually called in this country, although resembling so closely the ordinary sebaceous cyst, differs from it entirely in its mode of origin, the latter being only a dilated hair follicle, due to obstruction of its outlet, whereas the former is essentially a new formation. I can find nowhere any satisfactory explanation of the origin of these cysts, though it is not improbable that they are developed from some fragment of the horny germinal membrane which in the process of development of the fetus has been shut in beneath the skin; a theory which has been adopted by certain authorities to explain the development of certain forms of deep-seated epithelial cancer. The cutaneous cyst contains frequently, in addition to the elements de-

scribed above, large fat globules, giving rise to an appearance called meliceric.

They are the excretory products of the sebaceous glands connected with the cyst. The frequent absence of the globules in the ordinary sebaceous cyst is due to the fact that the sebaceous glands are either not in communication with the cyst or are soon destroyed by the pressure consequent upon its enlargement. (Virchow.)

Selected Papers.

A FEW WORDS ON VACCINATION AND REVACCINATION.

By F. PAOR ATKINSON, M.D., &c., late Surgeon St. Bartholomew's Hospital, Chatham, and Royal South London Dispensary.

THE following notes, regarding vaccination and revaccination, have been put together for the purpose of showing how false many of the prevailing ideas on the subject are, and saving time and trouble to those who are engaged in trying to find out the real truth regarding it.

It appears now to be fully acknowledged by medical men—

1. That vaccination, though it greatly lessens the susceptibility of taking the smallpox, does not render the reception of it in after years altogether impossible.

2. That vaccination in most cases greatly modifies the character of the smallpox eruption, and lessens the severity of the attack.

3. That revaccination gives an absolute (?) immunity from smallpox.

The reasons for their coming to these conclusions are as clear as they possibly can be, and there cannot be the smallest allowance made for people who wilfully oppose such arguments as the following:—

Dr. A. C. C. De Renzy, Sanitary Commissioner in the Punjab, says, "In this province, with a population of 18,000,000, the deaths from smallpox are never less than 20,000 a year. In 1869 they numbered 53,195." In England, the annual average mortality does not exceed 5000, though previous to the introduction of vaccination it was quite as high as in the Punjab.

The facts, again, concerning vaccination in Scotland and Ireland, supplied to Dr. Anstie by Dr. Seaton of the Privy Council, speak for themselves as plainly as facts possibly can do.

In the former country it appears there

was no Vaccination Act prior to 1863, and the average yearly deaths from smallpox in the twelve years 1853-64 were 1054. In 1865, '66, '67, '68 they were respectively 175, 200, 124 and 25.

In Ireland, vaccination was not compulsory before 1863, and in the periods 1830-40, 1840-50, and 1850-60, the respective annual average mortalities were 5900, 3827, and 1272. In the years 1864, '65, '66, '67, '68 they were respectively 854, 347, 187, 20, and 19. In the first quarter of 1869, again, there were only 3 deaths, and in the second none. Let any one who is sceptical as regards the advantages to be derived from vaccination pass in review the valuable evidence of Mr. Marson, at the Smallpox Hospital (London). In 5000 cases of post-vaccinal smallpox, under observation from 1836 to 1855, it appears there were—

35 per cent. of deaths among those that were unvaccinated;
25.57 among those that stated they had been vaccinated, but exhibited no cicatrix.

Among those that had

1 cicatrix, the number of deaths per cent. was	7.73
2 cicatrices,	4.70
3 do.,	1.95
4 or more,	0.55

The percentage of deaths among those that had well-marked cicatrices was 2.52, and 8.82 among those that had badly-marked cicatrices. Among those that had had smallpox previously it was 19.

In Pinchbeck, Lincolnshire, with a population of about 3000 inhabitants, only one death has occurred from smallpox during the last thirty years, and this was in the case of an unvaccinated person. The medical officer of the district has three times received the government grant for efficient vaccination. Dr. Seaton, in his evidence before the select committee, stated that vaccination had the effect of reducing the mortality of children under five years of age. In Scotland, the infantile mortality has been reduced from 70 or 80 per cent. to 55. In Greenock, the mortality under five years of age has been reduced to 36 per cent., and in Glasgow to 28 per cent.

In the *Lancet* of 8th April, 1871, the following statement occurred:—"Not a single revaccinated case has been admitted into the Smallpox Hospital at Homerton, and no death of a vaccinated person has occurred under 17." "This," as the editor remarked, "shows the protective power of even imperfect vaccination up to puberty,

and the necessity for revaccination at this time."

The strongest case one can advance in support of revaccination is the fact that not a single nurse has died at the Smallpox Hospital for the last thirty years, in spite of the infection to which they are constantly exposed. As regards the lymph fit for the purpose of vaccination a good deal of doubt seems to exist. Some say that carefully-selected matter from revaccinated cases is as sure in its effects as that taken from primary vesicles; others, that secondary vaccine matter is of very little use, and that only that taken from the arms of infants should be used; while others assert that the lymph taken from children has become deteriorated by passing through so many different systems, and that a fresh supply should be obtained from the original source. Now, with regard to the use of secondary matter, there can be no doubt that it is capable of setting up the same constitutional disturbance, and producing the same kind of vesicles, as lymph taken from primary cases; but still it not unfrequently happens that the vesicles are unduly hastened or otherwise irregular in their development. And from a review of the facts mentioned in the *Lancet*, 29th July, 1871, by Dr. Barbour, of the Stockwell Fever Hospital, I would say that the amount of protection to be gained from its use is very small, and that it should only be employed under very exceptional circumstances. Where none other for the time being can be obtained, and revaccination is imperatively demanded, Bryce's test should certainly be employed in order to see whether it has efficiently performed the purpose for which it was intended or not; in other words, lymph should be again inserted into the arm a few days after the first vaccination. If both vesicles mature, and also die away at the same time, then the first operation may be considered to have produced the desired effect; but if the second vesicle goes through all the stages of the primary vesicle, then the first operation has been a mere local affection, and has really exercised no protective influence whatever. The following case occurred in my own experience:—A lady who had apparently been successfully vaccinated with secondary lymph, was one month subsequently revaccinated with primary. The resulting vesicles were as perfect in every respect, and went through exactly the same course, as those occurring from a regular primary vaccination. This was a proof, then, that the first operation produced a local effect, only, and that it was incapable

of affording protection against the infection of smallpox. In answer to those who affirm that vaccine matter loses its effect by constant use, I would say, for the same reason, the poison of fever ought to become less virulent and infectious each succeeding year; but this is not the case, for though, owing to altered atmospheric influence, prevailing epidemics may for a time die out, they soon return when the conditions are again favorable, with all their former activity. But, in addition to this, let us see what opinion Jenner held upon the subject. After a careful watching of vaccination for upwards of twenty years or more, during which time lymph had been successfully transferred from subject to subject, he came to the conclusion that it underwent no change whatever in its qualities. Marson, Ceely, and others, also, whose experience is very great, have proved, so far as such matters admit of proof, that vaccine lymph does not lose any of its prophylactic power by a continued transit through successive subjects. When lymph degenerates in transmission, it is invariably due either to want of proper care in the selection of subjects, or to inattention to certain details essential to successful vaccination. But let us now, for one minute, consider the evidence of some of those who have experimented with lymph taken directly from the heifer.

During the siege of Paris, Dr. Quinquand had all successful cases with the human lymph, but only one-third with heifers.

Dr. Thevenot, with calf-vaccine, had only 2 successful cases out of 21.

Of 32 surgeons in Paris who sent in their reports, one says that vaccine from the calf became better after passing through the systems of three or four different children, though bad and difficult to introduce for the first time. The rest (31) agree that vaccination from the calf was provokingly unsuccessful, succeeding at the very utmost only in a fourth of the children vaccinated directly, and much less from calf-virus tubes or glasses. Of 16 others who tried the calf-virus, 13 failed completely.

Dr. Gaillard, who succeeded 170 times out of 283 with calf-vaccine, was successful 2740 times out of 2856 with Jennerian vaccine.

The next question, about which some amount of uncertainty prevails, is as to whether syphilis and other diseases can be conveyed by vaccination. Mr. Hutchinson has lately brought forward a series of cases to prove that syphilis is capable of being so conveyed; and, to say the least, they cer-

tainly appear to wear a very suspicious aspect. Still it must be remembered that, in 1857, Mr. Simon (Medical Officer of the General Board of Health) addressed a series of questions upon this very subject to a large number of medical men, both in this and other countries, and received answers from no less than 539, with scarcely an exception, entirely in the negative. They declared that syphilis could not be conveyed by means of true vaccination; but they pointed out that, by gross carelessness, it might be inoculated *instead of vaccine*. The direct experiments, moreover, of Cullerier and others with mixtures of syphilitic matter and vaccine, and vaccine matter taken from persons suffering from constitutional syphilis, are most powerful arguments against the idea that syphilis is able to be transmitted by means of lymph taken out of a true Jennerian vesicle. To show that two poisons cannot be present in a true Jennerian vesicle, lymph may be taken from a vesicle developed in a person who has been vaccinated too late to prevent smallpox, and used without the slightest hesitation for vaccinating another child. It would certainly appear, from these facts, that vaccination as such cannot convey syphilis with it, though a syphilized lancet or blood taken up with lymph from a syphilitic infant may cause it to break out in persons subsequently operated upon. It might, nevertheless, be as well to do as Mr. Hutchinson suggests, viz., to avoid taking lymph from first-born children, and take it only from second or later born children, in families of which the oldest has enjoyed good health. As regards the idea of scrofula being conveyed by vaccination, there can be no doubt, as the *Lancet* says, that "it is a mistake. Its development is, on the contrary, greatly prevented, inasmuch as smallpox, by weakening the system, was often the occasion of scrofulous and tubercular disease. Again, when skin eruptions are occasioned by vaccination, the fault is not necessarily with the matter, but with the constitution of the child vaccinated, which cannot bear even the slight disturbance of vaccination with impunity; and *a fortiori* cannot bear the destructive disturbance of smallpox, which is the almost certain alternative." Among the instructions lately issued by the Lords of the Privy Council, are to be noticed the following:—

"Never take lymph from cases of revaccination. Never use or furnish lymph which has the slightest admixture of blood. Take lymph only from well-characterized, uninjured vesicles, at the stage (the day week

after vaccination) when they are fully formed and plump, but there is no perceptible commencement of areola. Take lymph only, which, as it issues from the vesicle, is perfectly clear and transparent, and none which is at all thin and watery. Never squeeze or drain any vesicle. From such a vesicle as vaccination by puncture commonly produces, do not, under ordinary circumstances, take more lymph than will suffice for the immediate vaccination of five subjects, or for charging seven ivory points, or filling three capillary tubes; and from larger or smaller vesicles take only in proportion to their size. Be careful never to transfer blood from the subject you vaccinate to the subject from whom you take lymph. Note any case wherein the vaccine vesicle is unduly hastened, or otherwise irregular in its development; and if similar results occur in other cases vaccinated with the same lymph, desist at once from employing it. Change the lymph if on the day week after vaccination the vesicles are not entirely free from areola. Keep the lancets and other instruments used scrupulously clean, and do not use them for other surgical operations. Cleanse the instruments used thoroughly after one operation before proceeding to another.

"Except so far as any immediate danger of smallpox may require, vaccinate only subjects who are in good health. As regards infants, ascertain that there is not any febrile state, nor any irritation of the bowels, nor any unhealthy state of skin—especially no chafing or eczema behind the ears, or in the groin, or elsewhere in folds of skin. Do not, except of necessity, vaccinate in cases where there has been recent exposure to the infection of measles or scarlatina, nor where erysipelas is prevailing in or about the place of residence. Take lymph only from subjects who are in good health, and, as far as you can ascertain, of healthy parentage, preferring children whose families are known to you, and who have elder brothers or sisters of undoubted healthiness. Carefully examine as to skin disease and signs of hereditary syphilis."

There can be no doubt that the past epidemic has had the effect of causing several disputed points to be finally set at rest, and, among these, the question as to whether it was right to vaccinate women who were pregnant. The old idea was, that vaccine, being a poison similar to that of smallpox, would cause abortion to take place, but this has been contradicted by all the first obstetricians. Next it was thought unsafe to

vaccinate children much under six weeks, whereas the medical officer of the Privy Council has distinctly advised that children who are exposed to the influence of small-pox poison should be vaccinated within a week of their birth. It was also supposed to be dangerous to revaccinate elderly people, but this has been shown to be incorrect. There can be no question that grown-up people suffer, generally speaking, more from vaccination than children, the same as they do when attacked by measles, whooping-cough, &c., and this I believe has given rise to the idea of vaccination affecting people worse during what is termed a varioloid state of atmosphere.

The materials used for collecting lymph are—1. Ivory points. 2. Glasses. 3. Capillary tubes. The last-named are the best, inasmuch as the lymph is always kept in a fresh state.

The methods employed for vaccinating are—1. Puncturing. 2. Scratching. 3. Blistering.

The last-mentioned (introduced by Mr. Ellis, of London) is supposed to render the absorption of the lymph more certain, but it most undoubtedly entails a greater amount of trouble, and I cannot say from my own experience that it ensures a greater amount of success than either puncturing or scratching when carefully done. In a few instances, I have seen very bad arms result from this method. The effects produced by revaccination are not, generally speaking, the same as those which exhibit themselves after primary vaccination. As far as I can see, myself, the effect of the vaccine manifests itself in three different ways:—

1. There may be a perfect vesicle passing through all the different stages, showing that the protective effects of the first vaccination have entirely passed away.

2. There may be a scab formed, but no distinct vesicle, showing that the protective effects of the first vaccination only partially remain.

3. There may be only slight redness produced, showing the protective effects of the first vaccination remain perfect, or nearly so.

In all cases, I think, where there is not a perfect vesicle, revaccination should be tried again, in order that the operation may not hereafter from carelessness fall into disrepute.

In order that the general public may learn the benefits resulting from vaccination and revaccination, all possible information should be afforded them on the sub-

ject, and medical men should be particularly anxious not to let any discredit fall upon the operation from a want of proper care. Once let the public be fully convinced of the fact that they cannot possibly receive harm from the inoculation of vaccine matter, and we may have the satisfaction of seeing smallpox in time banished from our shores.

TWO CASES OF PARALYSIS OF THE THIRD NERVE.

By C. K. FISKE, M.D., St. John, New Brunswick.

CASE I.—Mr. M., barrister, of this city, aged 40, on the 16th of December, 1869, while driving, incautiously jumped from a sleigh, and, coming in collision with another rapidly-driven sleigh, received so severe a concussion as to render him insensible for several hours.

His physician, Dr. Earle, was called, and gave all needed attention to his case till restoration to consciousness, after which he complained of no pain or distress in the head, and there was no external contusion or wound upon the head or body, and he seemed all right with the exception of inability to raise the left eyelid.

On being called to him in consultation, the following day, I found a complete paralysis of the third nerve; closure of the left eyelid, on lifting which, I found the eye turned far to the left and slightly downward, by the combined action of the external rectus and superior oblique muscles; all motion of the eye suspended, the divergence being too great for double vision; the pupil dilated to about mid expansion; the accommodation power suspended, and withal giving the eye a vacant stare; vision confused and uncertain as to distances, causing a staggering gait when attempting to walk. I found the patient in bed, quite comfortable; mind clear and memory good; pulse regular, and skin natural. He was required to remain in bed, and two or three leeches were applied to the temple; and, believing there had been sanguineous effusion near the origin of the nerve, it was decided that rest and rather low diet should be persisted in for a fortnight or more. The Calabar bean was applied to the eye daily, and, after the end of a fortnight, faradization was applied in various ways two or three times a week. Some small blisters were applied over the brow and behind the ear. The bean produced contraction of the pupil to some extent, but the iris did not readily come under its influence.

The patient was allowed to walk about the house and to drive occasionally, and during the month of February warm baths were taken once or twice a week, and iodide of potassium was administered in medium doses three times a day, the battery being applied two or three times a week; also the Calabar bean as at first till the 1st of March, when there was a sudden and marked change in the case. On that day the functions of the nerve became nearly restored, the ptosis entirely relieved, and the inward motion of the eye became nearly perfect; vision improved rapidly, and the accommodation power was soon fully restored, the pupil being contracted to nearly its natural size without the aid of the bean.

This case is remarkable for the completeness of the paralysis of the nerve and for the sudden restoration of its conducting power after so long a time—from the 16th of December till the 1st of March following.

Its record may be of interest to the practitioner, and assist in the prognosis of other cases of some weeks' standing, or even months.

This patient had been a "free liver," but readily consented to follow the advice of his physicians, and under a medium diet, with abstinence from stimulants, his general health and tone of body have much improved, and there is very little doubt the final cure was due to these latter means, rather than to the use of the Calabar bean or the battery.

CASE II.—Mr. T—, of this city, aged 55, of spare habit, but rather full circulation, was suddenly attacked with ptosis of the left eyelid, attended with giddiness, on the 12th of February, 1870.

He was brought immediately to my office, when I found the following appearances: the left eyelid closed, which on lifting by my own hand, I found the pupil largely dilated, and the eyeball turned much to the left and somewhat downward; no inflammation or pain, but he complained of vertigo.

On inquiring into the causes, I learned my patient had been, for many months, smoking large quantities of tobacco; a pipe in his mouth almost at all times, excepting while eating or sleeping. I directed him to go home to his rooms and remain within-doors, to take efficient purgative medicines, and to abstain from smoking.

On the following day I found him much better, vertigo relieved, but with no improvement in the appearance of the eye and lid. I applied the Calabar bean, which readily contracted the pupil, but did not

relieve the ptosis. I directed iodide of potassium to be taken in three-grain doses three times a day, and abstinence from the use of tobacco in all shapes.

In the course of a fortnight the eye-symptoms were much improved, and by the middle of March the deformity was entirely removed, and at the present date the patient remains quite well.

The improvement in this case was gradual from day to day, while in the first case the change was sudden, after eleven weeks' duration, from complete ptosis, expansion of pupil, and strabismus divergens, to full restoration of the parts.—*N. Y. Med. Jour.*

Bibliographical Notices.

The Physiology and Pathology of Mind in the Lower Animals. By W. LANDER LINDSAY, M.D. Edinburgh. 1871.

This is an outline, in pamphlet, of a subject which the author has developed more fully in various British medical journals the past year. New and startling as the above theme may appear to those who have been accustomed to deny anything higher than pure instinct to the lower animals, much may be said for it. The old and arbitrary division of the sources of intelligent action into reason and instinct, reserving the former term to designate the higher cerebral operations of man, and confining all other animals to the use of the latter, must give way before the advance of psychological truth. There are, indeed, certain acts we agree in calling instinctive, but they are common to man as reason is common to other animals. It is simply a question of degree. Nature does nothing *per saltum*, and leaves no wide gaps in her ranks. Whatever we may think of the development theory, we can but admit an existing gradation in the mental as well as physical attributes, through the various species of animals and men up to the highest specimens of human kind.

Dr. Lindsay's article is in skeleton, unclothed here by the numerous facts which he has observed and collected relating to comparative psychology and mental pathology. It is, therefore, impossible to judge of the correctness of his conclusions or the accuracy of his classification. That there is an insanity of animals, there can be as little doubt as that they give evidence of most of the moral and intellectual faculties of man, though in a rudimentary de-

gree. We are too apt to think language, written or spoken, is the only trustworthy expression of mind, since in civilized races it has come to overshadow more simple and direct methods. Actions speak louder than words, however, because, being less thoroughly trained, they are less sophisticated. In man they often give the lie to plausible speech, while in animals they are true and safe exponents of the mental character.

We ought not, then, hastily to deny that when actions give evidence in animals of various emotions and intellectual processes, their mental states do not correspond to those under similar circumstances in man. No one familiar with the horse and dog, for instance, the most civilized of animals, will hesitate to give them credit for a highly developed emotional nature, and a capacity for the simpler intellectual processes. We recognize individual traits of character in our domestic animals, as well as those peculiar to the species; and we deal with our horse or dog on a basis of mutual understanding as firm as if laid down by word of mouth.

Such mental attributes as animals possess are liable to derangement as in man, and the common divisions of mania, melancholia (suicidal, even) and dementia are easily recognized. A detailed paper on this subject will be found in the *British and Foreign Medico-Chirurgical Review* for July, 1871.

T. W. F.

Emergencies and how to treat them. The Etiology, Pathology and Treatment of the Accidents, Diseases and Cases of Poisoning which demand prompt Action. Designed for Students and Practitioners of Medicine. By JOSEPH W. HOWE, M.D., Visiting Surgeon to Charity Hospital, &c. New York: D. Appleton & Co. 1871. Pp. 265. (From A. Williams & Co.)

This volume combines, in a moderate space, a great many excellencies. It is a practical illustration of the positive side of the physician's life, a constant reminder of what he is to do in the sudden emergencies which frequently occur in his practice. It is an exposition too of that portion of a practitioner's duty which brings him more prominently before the public in those cases where he is called to stay the waning current of life and restore the patient.

The titles of some of the chapters, Hæmorrhage, Hernia, Asphyxia, (Edema Glottidis, Convulsions, &c., show the scope of the book and indicate its value to the older

as well as the younger members of the profession. Each of these subjects has been carefully treated in just such a manner as to put the appropriate treatment directly before the physician in the handiest possible form.

Throughout the book the descriptions of diseases and the directions for treatment are accurate, terse and in every way efficient; and, in this way, the style adopted is peculiarly fitted to the class of cases the author speaks of and to the energetic treatment called for. He wastes no words, but devotes himself to the description of each disease, as if the patient were under his hands. Because it is a good book, we recommend it most heartily to the profession.

Essay on Growths in the Larynx; with Reports, and an Analysis of one hundred consecutive Cases treated by the Author. By MORELL MACKENZIE, M.D., M.R.C.P., Physician to the Hospital for Diseases of the Throat, &c. With numerous Illustrations in Chromo-lithography and Wood-engraving. Philadelphia: Lindsay & Blakiston. 1871. Pp. 263.

This is a model of solid and complete work by a master of the subject, already favorably known to the profession by his former works on allied subjects. It is based, in fact, on the author's whole course of study, but has especial relation to the Prize Essay which was written in 1863; from which he has already taken the data for an article on Nervo-muscular Affections of the Larynx, and which he now makes the theme for the present volume.

The essay on Growths in the Larynx is based on an experience of nearly 150 cases, including reports of 112 cases, 86 of which now appear for the first time. Of the 112 cases, 100 underwent treatment, and of these 77 were cured, and, in 18 more, improvement was marked.

Mackenzie looks on chronic hyperæmia of the mucous membrane as the exciting cause of laryngeal growths; and, while acute diseases of various kinds, age, irritating inhalations and other agencies have a certain influence, the prime cause is hyperæmia. He treats of symptomatology under the arrangement suggested by Dr. Cansit, as functional and physical. The latter class, of course, is, to the utmost degree, important; and, except in those rare cases where the patient is intolerant of the laryngoscope, no farther investigation need be made. The chapter on Pathology is an

interesting and valuable one, in which the various growths met are treated under the heads Papillomata, Benign Epithelial Growths, Fibro-cellular Growths, Myxomata, Lipomata, Fasciculated Sarcomata, &c. In this portion of the work he gives carefully the gross and microscopic appearance of the growths, and refers to the works and the opinions of eminent scientific men in corroboration of his views. A short chapter on Prognosis follows, and a long and important one on Treatment, in which the methods of cure are carefully described and are fully illustrated, with the instruments employed. The Appendix, which, in fact, occupies more than one half of the book, is taken up with reports of all the cases treated by the author; and, in the second case, of 189 published cases treated by other practitioners since the invention of the laryngoscope. In nearly all of his own cases the larynx, with the morbid growth, is represented by a finely executed wood-cut and by colored lithographs. The whole work is beautifully finished, and is an excellent treatise on laryngeal growths.

A Treatise on Localized Electrization, and its Application to Pathology and Therapeutics. By Dr. G. B. DUCHENNE. Translated from the third edition of the original by HERBERT TUBBS, M.D., L.R.C.P.L., &c. Philadelphia: Lindsay & Blakiston. 1871. Pp. 322.

The present portion of this important work on electrization includes all that had been printed at the time of the investment of Paris by the German Army, and, in consequence of that investment, it has been published before the original is given to the world.

On looking carefully over its pages, we feel it to be the work of a master in the science of medicine. It is a thoroughly exhaustive work, on the subjects of which it treats, and gives assurance that, when completed, it will be a finished compendium of the whole subject.

The first chapter is devoted to a description of the three methods of inducing electricity, viz., by the static, contact and induced systems, with a discussion of the physiological and therapeutical properties of each. In the second chapter, the author treats of localized electrization, with the methods of practical application to definite portions of the system, the description of batteries and apparatus. In the following chapter, he enters more fully into historical and critical observations on the principal

methods of electrization, with the result of his researches upon each of the methods employed. An extended series of conclusions upon the observations made forms an important and interesting adjunct to this portion of the work. The fourth and concluding chapter treats still farther of electro-medical instruments, with regard to their application in physiology, in pathology and in therapeutics. The properties which instruments should possess to fulfil desired indications, the properties of certain instruments which are described and the special methods of applying them, are embraced in the closing chapter of a work which we feel to be an acquisition of value to the profession and particularly to those who make a special study of electrization. x.

Medical and Surgical Journal.

BOSTON: THURSDAY, DECEMBER 14, 1871.

THE MARCH OF SMALLPOX.

PARIS, London, New York, Lowell, Philadelphia—such are the halting-places in the march of an epidemic of smallpox, hardly equalled since the days of Jenner; and a host of places where the disease has appeared with less virulence, all add their data to the history of a disease still held as a dreaded one, notwithstanding the advance of the present day in knowledge and science.

The present is eminently the proper time to bring forward all the experience which can be accumulated on the topic, and we have, therefore, felt justified in copying, in full, the article of Dr. F. P. Atkinson, from the November number of the *Edinburgh Medical Journal*. We are also induced to copy a portion of the admirable report made to the City Government of Lowell, on the subsidence of smallpox in that city, which has been sent us by Dr. Nathan Allen. Want of space forbids our comments.

Our experience in dealing with the present epidemic compels us to place isolation before vaccination. The latter has not seemed to afford that protection which has usually been ascribed to it. At particular stages of the epidemic this agency did not arrest the progress of the disease as was expected. Neither, in individual cases, has it prevented persons, apparently well-vac-

minated, from having a violent, and in several instances, a fatal attack of the smallpox. A careful examination of quite a number of very grave cases, at the hospitals, showed distinctly marked cicatrices—some large, well-pitted, and made, as the patients said, by inoculation for the smallpox itself, or by virus from the cowpox. Still, there were other patients where the disease was much modified—rendered lighter in form or shorter in duration—by the effects of vaccination. Then, in many instances, where individuals (including several infants) were subjected to the greatest exposure and had recently been successfully vaccinated, they were perfectly protected. But the most striking proof of the protection of vaccination has been found upon the [factory] Corporations. Under the direction of their agents, a more systematic and thorough course of vaccination has been pursued among the operatives and others connected with the mills, than elsewhere in our city. The rule has always been to remove every case of smallpox or varioloid to the Corporation Hospital as soon as discovered. From the commencement of this epidemic in February, only forty-nine persons have been taken to the Corporation Hospital from the mills or boarding-houses, and in no instance have other parties, exposed at the time, taken the disease. Twenty of these forty-nine were female operatives, and only two died. It is true, however, that some operatives not boarding in the Corporation boarding-houses have been carried to the City Hospital, and others, prior to September 25th, have had the disease at their homes, but this number is not large. As those connected, in some way, with the mills, compose one-third or more of the population of the city, the proportionate number sick with the smallpox or varioloid from this class has been, relatively, very small.

It may be said that the uniform and prompt removal of all cases of smallpox and varioloid from the corporations, also favors the doctrine of isolation, which is true. Another argument in favor of vaccination, however, may be deduced from the fact that very few school children had the disease, the rule for admission requiring evidences of vaccination always having been rigidly enforced. While, therefore, we are constrained to place isolation as the more successful agency in arresting the present epidemic, we would by no means undervalue the importance of vaccination, when properly performed.

Of two things we are more fully con-

vinced than ever—1st, of the frequent imperfection of this operation, either in the manner of doing it, or of some defect in the virus used; and 2nd, in the absolute necessity of re-vaccination. This is indispensable. Let us adopt either of the two theories on vaccination—1st, that its protective power gradually diminishes with the changes taking place in the human body, and therefore, to test its continuance, re-vaccination becomes occasionally necessary; or the other theory, that frequently the first vaccination may not be complete, and therefore it should soon be repeated and continued until it produces no effect. Then its protective power continues for life.

Complete isolation was regarded, in the outset, as an indispensable measure, and experience has shown that this could only be accomplished by removal to the Hospitals.

By recurring to the rapid decline of the epidemic, from September 25th to October 25th, it will be seen how quickly the removal of cases arrested the disease, reducing the number from seventy-five in the third week of September, to twelve in the third week of October, and only one for the second week after that. The decrease in the number of deaths shows this sudden decline in a more striking manner. It should be borne in mind that removals were not fully made and isolation rendered complete until the last of September. In that month there were fifty-five deaths; in the first half of October, twenty-three; last half, seven; and only one thus far in November. It is true that, wherever a case was removed, the members of the family and all others, in any way exposed, were at once re-vaccinated. Besides this, as has been stated, such premises were promptly fumigated, and such clothing, bedding, &c., as could not be disinfected, was destroyed. To such an extent was this preventive treatment carried, that even the vaults connected with dwellings where cases of smallpox and varioloid had existed, were disinfected under the direction of an experienced chemist. Thus, by these means, this terrible epidemic, attacking over two hundred persons in one month, and causing fifty-five deaths in the same time, has been almost entirely eradicated in a little more than six weeks. This demonstrates what skill and science can do, sustained by wise management and efficient action.

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How frequently, of late, has the whole community been shocked by the loss of life, in the fall of some building, some rail-

road disaster, explosion, or by the wreck of some vessel at sea, but here, in our midst, this very year, have the lives of one hundred and seventy-five individuals been quietly sacrificed, which, apparently, might and ought to have been saved! Shall we not profit by such sad experience in the past, and ought we not now to prepare for another great epidemic, with which our country is seriously threatened the coming year? Let the suggestion be seasonably heeded.

VESICO-VAGINAL FISTULA.—In a recent number of the *Annales et Bulletin de la Société de Médecine de Gand*, Prof. Boddaert, of the University of Ghent, reports two cases of vesico-vaginal fistula, operated on by himself according to the "American" method of Dr. Marion Sims. In both cases a perfect cure was the result. The operations were performed without the use of anesthetics. One or two unimportant modifications were introduced, but in all the essentials the well-known methods of Dr. Sims were strictly adhered to from beginning to end of the treatment. In view of the results of his experience as compared with those attained formerly in the treatment of this distressing disease, Prof. Boddaert characterizes the operation as the most effectual method yet presented, and, with an enthusiasm very appreciative of Dr. Sims, he exclaims, "Glorious result, a thousand times grander and nobler than the victories of armies, whose triumphs are attained only at the cost of the death of their fellow-men!"

ECZEMA CURED BY STRONG MENTAL EMOTION.—Dr. S. K. Towle, of Milwaukee, Wis., reports a case of chronic and exceedingly obstinate eczema, affecting the perineum and surrounding parts, which, after many years of intolerable itching, smarting, advance and retreat, was cured, at least for a time, by intense emotion caused by the recent fire in Chicago. The patient, a young lady of Chicago, had for some time been trying arsenic internally and rubber tissue externally, with, however, but little apparent relief. At the time of the fire her home was threatened, but not burned; she says: "I was not frightened, but filled with sol-

emn awe, and stood calm and still, awaiting the approach of the fire, ready to walk quietly away when it became evident that our house was in danger." At that time the disease entirely disappeared and has not returned up to the present time.

DEATHS FROM CHLOROFORM.—In continuance of our plan to note the occurrence of deaths from chloroform, we give below a list of those observed since our last publication, June 15th. It is an interesting fact that, previous to July, 1870, seventy deaths had been reported in England. (See *British Medical Journal*, July 2, 1870.) In our previous number we reported nineteen cases.

20.—Reported by Mr. W. Spencer Watson, Great Northern Hospital, London. *Brit. Med. Jour.*, June 10 and 17, 1871. Male, aged 8. Dressing of ulcer after skin grafting.

21.—London Hospital. *Brit. Med. Jour.*, May 27, 1871. Female, aged 48.

22.—Mr. Gillespie, Edinburgh Royal Infirmary. *Edin. Med. Jour.*, April and May, 1871. Reduction of dislocated humerus. Alleged cause of death, fatty heart.

23.—*London Lancet*, May 20, 1871. Lt.-Col., R. A. Reduction of dislocated tibia. Less than 3iss. used.

24.—Dr. Balfour, Medico-Chirurgical Society, Edinburgh. *New Remedies*, July, 1871. Female. Not more than 3i. used.

25.—*Brit. Med. Jour.*, Sept. 30, 1871. Male, aged 15. Strabismus.

26.—*Australian Med. Gazette*, July, 1871. Female, aged 48. Operation on knee. Less than 3i. used.

27.—*Am. Jour. of Dental Science*, October, 1871. Female, aged 31. Extraction of tooth. 3ss. used.

28.—Dr. Muscroft. *The Clinic* (Cincinnati), October 20, 1871. Dislocation of elbow.

29.—Mr. Gordon, Manchester Royal Infirmary. *Med. Times and Gazette*, October, 1871. Male, aged 34. Reduction of fracture.

THE SAINT LOUIS MEDICAL AND SURGICAL JOURNAL.—The proprietors of our valued contemporary will, with the opening of a new year, make an important change in its management; it will, in the future, be issued *monthly*, instead of bi-monthly, as here-

tofore, and at the same price, \$3.00 per annum. Each number will contain fifty-six pages, devoted strictly to the interest of medical science in its various branches. The proprietors promise the friends of the journal that no expense or labor will be spared to make it not only *welcome* to every physician's table, but if possible a *necessity* to every practitioner in the Mississippi Valley.

With this number the present able editors retire, and they will be succeeded by Drs. Wm. S. Edgar and H. Z. Gill; the new editors have our best wishes for success, and we doubt not the *St. Louis Journal*, under their control, will preserve its character as one of our best Western exchanges.

THE LATE DR. COX, OF SALEM. — At a special meeting of the Essex South District Medical Society, convened Monday, Dec. 4th, to take appropriate action with reference to the death of Dr. Benjamin Cox, of that city, the following resolutions were unanimously adopted:

Whereas, It has seemed best to Almighty God to call from our number our former associate and President, Dr. Benjamin Cox, therefore —

Resolved, That while we deplore our loss, we are thankful for the long life of usefulness vouchsafed our brother, and with confidence in the wisdom and love in which God controls the issues of life, do now seek reverently to submit to His will.

Resolved, That we deeply sympathize with his family, and the large number of his long and tried friends in this community in this bereavement.

Resolved, That we hold, and shall cherish, a grateful remembrance of the services he has rendered our society during the forty years of his membership, through the faithful performance of many official duties with which he was entrusted, and through the liberal and hospitable spirit with which he sought to cultivate cordial relations among all its members.

Resolved, That we desire hereby to express our high appreciation of his rare qualifications for the duties of his profession, of the courtesy, charity, high sense of honor, and manly dignity, with which those duties were performed, and of the uniform kindness with which he co-operated with his professional brethren for the relief of human suffering.

Resolved, That in testimony of this our high respect for the deceased, we do now in company attend his funeral services.

Resolved, That a copy of these resolutions be sent to the family of the deceased, published in the journals of this city, and in the Boston Medical and Surgical Journal.

Respectfully transmitted,

A. H. JOHNSON, Secretary.

CHLORAL IN CHOLERA. — During the epidemic which has recently prevailed at Riga, Dr. von Reichard has had recourse to chloral, administering it according to the following indications:—"1. To relieve the cramps at the commencement. 2. To assuage the precordial suffering which is so distressing during the latter stages. 3. To arrest vomiting. 4. To procure the sleep so urgently demanded by the patients. Not only were these indications fulfilled, but the success obtained from the medicine surpassed all expectation. In one case in which the ordinary treatment had been pursued, and the patient seemed as if he had only a few hours to live, a drachm of chloral was given him in four times the quantity of water, so that a strong sense of burning was felt while swallowing it. In two minutes sleep had commenced, and, troubled at first, it became calm, and lasted three hours. Respiration became easier, the warmth and turgescence of the surface reappeared, the cholera *facies* disappeared, and the pulse diminished from 130 to 90. The vomiting and stools ceased, and, in fact, a true resurrection was effected, the patient rapidly recovering. M. Blumenthal, also of Riga, has employed it successfully in two bad cases, giving the chloral in doses of a drachm, which were repeated two or three times within the hour.—*Lond. Med. Times and Gaz.*, from *Union Méd.*

VERY EARLY PREGNANCY. By WILLIAM HAINING, M.D., Chester, Eng.—Eliz. G., born in June, 1857, was attended by me in the end of July, 1869, for symptoms which were by her attributed to dyspepsia, and by her mother to the approach of the period of puberty. She suffered from morning sickness; her breasts were full, with dark colored areolæ; and her abdomen was considerably enlarged, without any evidence of fluctuation. Although I failed to detect the fetal heart, I gave a presumptive diagnosis of pregnancy, which was incredulously received alike by the patient and by the mother. On January 10th, 1870, she again

came under my observation as the mother of a fine, healthy looking child, to which she gave birth on December 18th, 1869. Conception must have taken place in the previous March, when she wanted three and a half months of being 12 years of age. The mother was an epileptic, and six of her children had been subject to epileptiform attacks in childhood; but with the exception of this girl, they had all "grown out of the fits." She was still occasionally subject to what were described as "nervous fits," and appeared to be of rather weakly intellect. She had never menstruated, and had no recollection as to when she began the intimacy which resulted in her precocious maternity and her paramour's introduction to the hard-labor department of the city gaol.

In this patient, conception occurred at an unusually early age for this country, where, so far as I am aware, the earliest case of delivery is that recorded by Mr. Robertson, of Manchester, as having occurred at the age of 11. Probably one of the earliest authenticated cases of pregnancy is that reported by Dr. Curtis in the Boston Medical and Surgical Journal for 1863, the patient having given birth to a child at the age of 10 years and 8 months.—*British Medical Journal*.

A NEW METHOD OF PERFORMING ACUPRESSURE is spoken of, in *The Lancet* of Sept. 2d, by R. Clement Lucas; his mode of accomplishing it being as follows:

An ordinary acupressure needle, having a ring at one end, is twisted so as to form a small loop about an inch from its pointed extremity, or at such a distance as the surgeon may think most convenient, varying with the size of the needle. A piece of fine wire is doubled in the middle, as in ordinary acupressure, and the loop thus formed is passed first through the ring at the end of the pin, then through the loop on the staff. After sufficient has passed to reach easily over the point of the needle, the loop of wire should be bent up at right angles, so as to be out of the way. In this way, needles should be kept ready for use.

In performing the operation for securing the vessel there are three acts. First, the point of the needle is passed under the vessel. Secondly, the loop of the wire is bent down over the vessel and slipped over the point of the needle. Thirdly, the vessel is compressed by pulling the free ends of the wire tightly through the ring at the extremity of the needle, and finally secured

by bending back the wire at this point, or it may be made even more safe by giving the ends of the wire a twist around the needle close to the ring. To remove the needle, all that is necessary is to straighten the wire bent around the ring at its outer extremity; then on gently pulling the needle, the loop of wire glides along towards the point, and releases the vessel.

Should bleeding now take place, the vessel may again be compressed by pulling on the wire, providing that the pin has not been so far extracted as to have allowed the loop of wire to pass over its point. After the pin has been removed, the wire follows, as in the mode of acupressure described by Professor Pirie, under the name of "circumclusion."—*N. Y. Medical Record*.

HYPOTHERMIC INJECTION OF MORPHIA.—Mr. J. P. SLEIGHTHOLME gives (*The Practitioner*, July, 1871) the results of his experience with this mode of medication derived from two thousand injections of morphia while house physician to the Manchester Royal Infirmary. He says that with one exception, he never saw any immediate ill-effects from it, and only in one case, any great evil result from its prolonged use. He seldom found it necessary to increase the dose beyond one-fourth of a grain. In conclusion, he says, "that when hypodermic injections of morphia were used with the intention of relieving pain, they almost invariably succeeded in doing so, no matter how severe the pain might be; that when sleep was prevented by severe pain, the pain was relieved and sleep generally followed; but that when sleeplessness depended upon or was accompanied by great excitement or delirium—as in mania, delirium tremens, acute chorea, &c.—the injections not only frequently failed to produce sleep, but were often followed by increased excitement and delirium."—*American Journal of the Medical Sciences*.

EXTRACT OF CONIUM IN INFLAMMATION OF THE BREAST.—M. Altstadter, of Pesth, strongly recommends small doses of extract of conium, repeated several times in the course of the day, for the resolution of inflammation of the breast, arising from stasis of the milk in puerperal women, and reports several cases in which striking advantage was obtained from its use. In all instances care should be taken to obtain as pure and active a specimen of the drug as possible.—*Wiener Med. Presse*.

Medical Miscellany.

VARYING EFFECTS OF POISONS ON DIFFERENT ANIMALS.—It is a well-known fact that what is poisonous to one animal may be taken by another with entire impunity. In illustration of this proposition, we are informed that strychnine, so fatal to most animals, may be eaten by certain species of monkeys with perfect safety. In the case of an East India monkey, known as the Lungoor (*Presbytis entellus*), one grain was first concealed in a piece of cucumber, which was eaten by the animal with no apparent effect. Three grains were afterward given, and with the same result. To test the strychnine used, three grains were administered to a dog, which proved almost immediately fatal. Another Indian monkey, known as the pouch cheek monkey, has been found to be more susceptible than the Lungoor, but not so much as the dog.

It is also stated that pigeons can take opium in large quantities with no injurious consequence; goats, tobacco; and rabbits, belladonna, stramonium and hyoscyamus.—*Aggr. Reporter.*

INFECTION—READY MODE OF PREVENTING.—There is perhaps no plan of preventing infection so ready as the production of sulphurous acid by the combustion of sulphur. To disinfect a bed, whilst the patient is temporarily removed from it, pass a copper warming-pan into the bed, containing a few live embers and a little sulphur. The pan should be moved about during the ignition of the sulphur. By burning sulphur in an open vessel, closets, carriages, passages, and vacated chambers of the sick may be easily disinfected. Clothing may be lightly sponged over or sprinkled with water containing a little well mingled sulphur, and then ironed with a flat-iron heated to a temperature which will cause volatilization of the sulphur without burning the linen.—*MR. J. SARTIN.*—*Braithwaite.*

POISONED GLOVES.—An English medical journal publishes a warning against the wearing of green kid gloves. It has been observed in several cases that the hands of those wearing gloves of this color soon become covered with an eruption which physicians find hard to cure, as the poison seems to enter the system. Upon analysis, it has been found that the green used for dyeing the kid contains arsenic. Though not all the green kid gloves in the market are so dyed, it is nevertheless safer to wear others of a less bright and less dangerous color.—*Druggists' Circular.*

THE SOCIAL EVIL IN SAN FRANCISCO.—This subject was the theme of discussion at the meeting of the San Francisco Medical Society, September 26th. There appeared to be but one sentiment among the members, and it found expression in the unanimous adoption of the following resolution:—

Resolved, As the sense of this Society, that all laws which license, and therefore sanction, prostitution, with the design of restraining disease or licentiousness, are unsound in principle, derogatory

to private and public morals, and incapable of accomplishing what they attempt.—*Pacific Med. and Surg. Journal.*

TO CORRESPONDENTS.—Communications accepted:—Sources of Error in the common Method of giving Certificates of Insanity.

BOOKS RECEIVED.—A Treatise on Human Physiology; designed for the use of Students and Practitioners in Medicine. By John C. Dalton, M.D., Professor of Physiology and Hygiene in the College of Physicians and Surgeons, New York, &c. Fifth Edition, revised and enlarged. Philadelphia: Henry C. Lea. 1871. Pp. 728.—An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M.D., M.R.C.P., &c. Philadelphia: Henry C. Lea. 1871. Pp. 286.—Eating and Drinking; a Popular Manual of Food and Diet in Health and Disease. By George M. Beard, M.D. New York: G. P. Putnam & Sons. 1871. Pp. 160.—Neuralgia and the Diseases that resemble it. By Francis E. Anstie, M.D. (Lond.), F.R.C.P., &c. London and New York: Macmillan. 1871. Pp. 286. (From James Campbell.)—On the Treatment of Pulmonary Consumption by Hygiene, Climate and Medicine, in its connection with Modern Doctrines. By James Henry Bennett, M.D., M.R.C.P., &c. Second Edition. New York: D. Appleton & Co. 1872. Pp. 190.

PAMPHLET RECEIVED.—Annual Report of the Surgeon-General, United States Army, 1871. Pp. 8.

DIED.—At Bridgeport, Conn., Sept. 17, E. F. Stark-weather, M.D.

Deaths in several Cities and Towns of Massachusetts for the week ending Dec. 9, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	105	Consumption 69
Charlestown	10	Pneumonia 15
Worcester	23	Scarlet fever 13
Lowell	17	Croup and Diphtheria 11
Milford	2	Typhoid fever 9
Chelsea	4	
Cambridge	12	
Salem	14	
Lawrence	10	
Lynn	10	
Gloucester	4	
Pitchburg	4	
Newburyport	13	
Somerville	10	
Fall River	9	
Haverhill	4	
Holyoke	3	
Total		

There were five deaths from smallpox; two in Holyoke, one in Boston, one in Lowell, and one in Salem.

GEORGE DERNY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Dec. 9th, 1871. Males, 63; females, 43. Apoplexy, 6; anæmia, 1—stelelelele, 1—inflammation of the bowels, 1—bronchitis, 2—inflammation of the brain, 2—congestion of the brain, 1—disease of the brain, 4—burned, 2—cancer, 1—cholera infantum, 1—consumption, 25—convulsions, 4—croup, 1—debility, 2—diarrhoea, 1—dropsy, 2—eczema, 1—exhaustion, 1—scarlet fever, 2—typhoid fever, 3—gangrene, 1—disease of the heart, 5—jaundice, 1—disease of the kidneys, 5—congestion of the lungs, 3—inflammation of the lungs, 5—noma, 1—old age, 5—premature birth, 3—disease of the prostate, 1—scrofula, 1—smallpox, 1—disease of the spine, 1—syphilis, 1—marasmus, 2—unknown, 2.

Under 5 years of age, 31—between 5 and 20 years, 8—between 20 and 40 years, 27—between 40 and 60 years, 19—above 60 years, 20. Born in the United States, 62—Ireland, 33—other places, 11.